

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-025687

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 332

STATE FILE NUMBER

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

FILED JUL 24 1961

1. PLACE OF DEATH
a. COUNTY Jasper

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jasper

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin Length of stay in 1b Mo's & 12 days

c. CITY OR TOWN Joplin Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Freeman Hospital Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) 516 West 9th Street Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First MARY Middle ALICE Last GIBFORD

4. DATE OF DEATH Month July Day 15 Year 1961

5. SEX F 6. COLOR OR RACE W 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 7-13-1884 9. AGE (last birthday) 77

IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 10b. KIND OF BUSINESS OR INDUSTRY Home 11. BIRTHPLACE (City and state or country) Brightwater, Ark. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Wm R. Thompson 13b. MOTHER'S MAIDEN NAME Nancy Summey 14. NAME OF HUSBAND OR WIFE Ralph L. Gibford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. Unk 17. INFORMANT Ralph L. Gibford, 516 W. 9th St., Joplin Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Myocardial failure INTERVAL BETWEEN ONSET AND DEATH One week

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Huge Coronary infarction Since 5-30-61

DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hemolytic staphylococccic infection. PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____

21. I attended the deceased from 2-14-61 (this illness) to 7-15-61 and last saw her alive on 7-15-61

Death occurred at 3:10 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title) 22b. ADDRESS DeTar Clinic, #10 Jackson, Joplin, Missouri 22c. DATE SIGNED 7-15-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 7-18-1961 23c. NAME OF CEMETERY OR CREMATORY FAIRVIEW CEMETERY, 23d. LOCATION (City, town, or county) JOPLIN, MISSOURI (State)

24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, JOPLIN, MISSOURI ADDRESS _____ 25. DATE RECD. BY LOCAL REG. 7-18-1961 26. REGISTRAR'S SIGNATURE [Signature]

AUG 1 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.